The Management of the Insane

WITHOUT MECHANICAL RESTRAINTS.

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Improvements in the social condition of the insane have been the outgrowth of that spirit of philanthropy which has characterized the civilization of the last hundred years. The practical Christianity which, recognizing the universal brotherhood of man and avowing that love for God involves love of the brotherhood, led Howard and his successors in their agitation for prison reform, constrained Clarkson and Wilberforce in their efforts for the slave, urged Robert Owen in his sacrifices for the elevation of the workingman, and has been the moving spirit in the development of popular education and of organized modern charities; the same spirit of unselfish love has led to the substitution of sympathy for severity, trust for deceit, and kindness for mechanical restraints, in the management of the insane.

The condition of the insane before the advent of the spirit of modern philanthropy, was, for the most part, deplorable, although at all times and in all countries, under exceptional circumstances, the insane have been treated with kindness, wisdom and skill. The Jews were taught by the law of Moses that insanity was a punishment for sin. In the Book of

Deuteronomy, among the curses pronounced for disobedience, it is declared "the Lord shall smite thee with madness;" and yet, when the evil spirit from the Lord took possession of Saul, his servants advised the restoring influence of sweet sounds to drive away his melancholy. The mental malady of Saul progressed, notwithstanding the wise use of remedial emotional influences. Delusions of suspicion, jealousy and fear came upon him, and he had hallucinations of sight and hearing, for he saw the dead Samuel alive, and talked with him. He afterwards had homicidal impulse, and sought death by suicide. The Greeks appear to have had very accurate notions in regard to the causation and rational treatment of insanity. The dependence of mental disorder upon conditions of bodily ill health, and the effect of emotional influences, both in causing and in curing mental malady, was recognized by them. The reciprocal influence of body and mind upon each other was the basis of their treatment for the disease. During the dark ages the insane were not better cared for than other classes of weak and afflicted human beings, and after the dawning of modern civilization the Judaic spirit of the Christian world was so influential that insanity was looked upon as diabolic possession, and the demon was to be exorcised or subdued by stripes and punishment, cruelty and deceit. The people, who put witches to death and became persecutors for righteousness' sake, would be very likely to regard insanity as a result of sin, and to meet its manifestations with cruelty and chains, the dungeon and the lash.

In the year 1792 Pinel entered upon his duties as Physician to the Bicetre in Paris, and there inaugurated the modern treatment of insanity, a work which has made his name immortal. He struck the chains from the lunatic, treated him with kindness, and exercised a wise confidence towards him. He made use of the principle of mental diversion to relieve maniacal excitement and melancholia, and secured the confidence and affection of his patients by his infinite patience and courageous kindness. The condition

of the insane before the time of Pinel is only paralleled by the atrocities of the inquisition or the horrors of the middle passage. Chains, stripes, dungeons, dirt, filth and dampness, furious mania, violence begetting violence and murder, cruelty by keepers of madmen, leading to cruel revenge by the maniac, bodily tortures superadded to the mental agonies of the lunatic, scenes of turmoil and excitement, which have disappeared with the barbaric cruelty which gave rise to them, such were the sights which characterized the receptacles for the detention of the insane before Pinel's introduction of the peace policy in its relation to the madman.

The principles of this great social reform did not at once receive full and complete acceptance. On the contrary, they met with the most bitter opposition, reproach and misrepresentation, and all the power of ignorant prejudice and selfish interest was invoked for the continuance of the old system. Pinel's successor, Esquirol, did very much in France to continue and further the work which Pinel had begun, and their influence in other countries has led to very great improvement in the social condition of the insane.

In the year 1796 the Retreat, at York, England, was founded by the Society of Friends, William Tuke being especially prominent in the organization of the institution, and his grandson, Samuel Tuke, in perpetuating it in the spirit of its founders, the spirit of love, gentleness and kindness to the patients, so that it might indeed be "a quiet haven, in which the shattered bark might find the means of reparation or of safety." The Retreat was organized because of the dissatisfaction of the Quakers with the management of the York lunatic asylum; and the success of the Retreat drew public attention to the mismanagement of that institution. The York lunatic asylum, adopting the policy of exclusion of visitors from its halls, had become pre-eminent for every wrong and iniquity of management, and an attempt, made in 1788, to reform the abuses of that institution, was signally defeated; but the establishment of the Retreat, and the publication, in 1813, of a history of its origin, pro-

gress and modes of treatment, by Samuel Tuke, excited such universal public interest, that an exposure of the abuses of the York lunatic asylum, and their removal, resulted. This result was reached in opposition to the Governors of the asylum, who adopted a policy of concealment and attempted to prevent and to stifle investigation. They declared that the insane were treated "with all possible care, attention and humanity," and adopted a resolution of censure upon those who presumed to criticize the management of an institution with which gentlemen of their high character were connected. The investigation still went on. Falsification and fraud appeared at every step. "A patient disappears and is never heard of—he is said to be removed; a patient is killed—the body is hurried away to prevent an inquest." The Steward's books are given to the flames, and a partially successful attempt is made to fire the institution itself.

In 1815 a Committee of the House of Commons of England published the result of an investigation into the state of Bethlem and other hospitals. The evidence taken by the committee furnishes a sad chapter in the history of civilized society. It is by no means a pleasant thing to recur to these records of the past, but "they are written for our admonition, upon whom the ends of the world are come." Unregenerate human nature is the same now that it ever was, and the forces of civilized life too often place nothing more than a thin veneering over the savagery of man's nature. The contemplation of, and participation in, acts of cruelty, hardens man's heart and brutalizes his character, and the temptation to oppression of the weak and defenceless by the strong and powerful is an ever present one to the human mind. The use of power, the love of power, and the abuse of power, lie very near each over. Habitual publicity and efficient supervision are ever necessary to prevent abuses and personal wrongs in asylums for the insane. By the evidence of the Parliamentary Committee, it appeared that in Bethlem numbers of female patients were chained in rows

to a wall, with only one garment to cover them, and that the patients were shamefully neglected and unclean. In one of the cells was found the historic William Norris, who had been closely encased for twelve years in rings and bands of iron, and firmly secured by chains to an iron bar, which was fastened into the wall of his cell. The assigned reason for this caging in iron was an act of violence committed upon a drunken keeper who had provoked Norris to retaliation by wanton and brutal cruelty. The Governors of Bedlam declared there was no foundation for the charge of cruelty and bad management of the institution, and that the patients had every indulgence which their security and the safety of the officers and attendants would permit. In regard to Norris, they asserted that his confinement was, "upon the whole, rather a merciful and humane than a rigorous and severe imposition." The whole system of management in many of the asylums in England, as disclosed by the evidence of the Parliamentary Committee, was a system of neglect, cruelty and terrorism, with the result that madmen and their keepers alike were by it transformed into brutes. Fear and cruel punishments were the means used to subdue and to control the insane long after Pinel and Tuke had demonstrated the greater efficacy of the law of kindness, and had shown that in its operation the law of kindness is "twice blessed."

Medical teaching tended to uphold the terrifying system. Dr. Cullen, whose writings greatly influenced the English speaking medical world of his own and the succeeding generation, wrote less than a hundred years ago. "Fear being a passion which diminishes excitement, may therefore be opposed to an excess of it: and particularly to the angry and irascible excitement of maniacs. These being more susceptible of fear than might be expected, it appears to have been commonly useful. In most cases, it has appeared to be necessary to employ a very constant impression of fear, and therefore to inspire them with the awe and dread of some particular persons, especially of those who are to be con-

stantly near them. This awe and dread is therefore, by one means or other, to be acquired, in the first place, by their being the authors of all the restraints that may be occasionally proper: but sometimes it may be necessary to acquire it even by stripes and blows."

Dr. Benjamin Rush, the pupil of Dr. Cullen, the advocate in this country of Cullen's theories, and himself the most illustrious of American physicians, in his work on the Diseases of the Mind, published in 1812, after expressing most enlightened views of the necessity for and the means of establishing mental and moral influence and control over the insane patient, really gives his influence for the perpetuation of the system of restraint by physical and mechanical forces. He insists that insane patients should be treated with justice, kindness, and a strict regard for the truth, and he observes that mad people "seldom forget three things after their recovery, viz: acts of cruelty, acts of indignity, and acts of kindness." After recognizing in the fullest manner the power of the law of kindness in dealing with the insane, Dr. Rush recommends the use of coercion to prevent destruction of furniture and clothing, and to punish the patients for outrages upon their keepers and each other. As instruments of coercion, punishment and subjugation, he made use of the strait waistcoat, the restraint chair, which he called a "tranquillizer," the shower bath continued for fifteen or twenty minutes, the fear of death and under certain circumstances chains and the whip. Dr. Rush remarks upon the advantages of solitude and darkness for the madman. He says darkness invites silence and promotes fear, and that he has seen the happiest effects from confining noisy patients in the dark cells of the Pennsylvania Hospital. He thought the same means might be used for subduing madmen, that had been found effectual for taming refractory horses. The horse is impounded and then kept from lying down or sleeping for two or three days and nights by thrusting sharp pointed nails in his body. The madman was to be kept awake and standing, by less severe

means, for twenty-four hours. Dr. Rush recommends his "gyrater," made in imitation of the circulating swing of Dr. Cox, as a curative and punitive agent. It gave the patient a rotatory motion, at a more or less rapid rate, and produced "vertigo, nausea and a general perspiration." Dr. Cox naively remarks that he has seen a patient "who required the combined strength and address of several experienced attendants to place him in the swing," so tranquillized by its protracted action that he has been easily carried from it by a single person; and that the recollection of the swing produces such an impression on the mind of the patient that "the physician will only have to threaten its employment to secure compliance with his wishes." Dr. Cox thought the swing "would afford relief in some very hopeless cases if employed in the dark, where, from unusual noises, smells or other powerful agents acting forcibly on the senses, its efficacy might be amazingly increased." It would seem that association with the insane often produces manifest deterioration in the mental and moral characteristics of even the most enlightened, benevolent and conscientious medical men.

The year 1829 marks another point in the history of asylum reform. In that year, a patient in the asylum at Lincoln, England, had died in the night from being strapped in bed with a strait jacket on, and this event led to the adoption of a rule in that asylum that when restraints were used at night an attendant should remain with the patient. It was found that restraints at night became less frequently necessary under this rule. It was soon found that restraints could be dispensed with by day as well as by night, and for long periods it was not found necessary to make use of them. At last, in 1837, under the direction of Dr. Charlesworth and Mr. Gardiner Hill, the use of mechanical restraints was altogether abolished from the Lincoln asylum. In 1839, Dr. Conolly was appointed Resident Physician and Superintendent of the Middlesex County asylum, at Hanwell, England, and by his successful introduction and gradual extension of

the system at Hanwell, the name of Conolly has become associated with the non-restraint system of management of the insane, the great principle of which, as Conolly expresses it, is "to exclude all hurtful excitement from a brain already predisposed to excitement."

An insane man is out of his proper relation to the world about him on account of disease, functional or organic, in the brain, the organ of the mind. Mental manifestations are dependent upon and only recognized through material organization. The causes of mental disease are the causes of other forms of nervous disease. The heredity of neurotic diseases, and the interchangeability or transformation in their transmission of these diseases, are recognized facts. Changes in the nutrition of the brain, either from disease in the blood itself or in the vessels which supply blood to the brain, or from disease in some distant part of the body, inducing irritation of the central nervous system, may produce epilepsy, chorea, paralysis, neuralgia, or other forms of nervous disorder; and just as well those forms of mental disorder, which become manifest in the depression of melancholia and the excitement of mania, may be produced by the same pathological conditions. Again, intellectual and emotional strain, physical excesses, and sudden and violent shock, acting upon an exhausted or an unstable nervous system, will produce states of mental as well as forms of nervous disorder. The habitual surrender of one's self to any one pursuit or passion until the one pursuit or passion dominates the whole man, is a cause of physical as well as mental degeneration, and the natural culmination of such domination is the dethronement of reason. Insanity is a disease physical in its causation and mental in its manifestation, and the demands of treatment are the same as for other forms of disease of the nervous system, viz: healthy blood for healthy nutrition, and physiological rest for the exhausted, depressed or irritated nervous system, to allow time to work the restorative changes which may result in health. We do not ignore mental and emotional influences in treating physical dis-

case, and we ought not to neglect physical states in the treatment of mental malady. Insanity is just about as curable as other serious diseases of the nervous system, and its curable stages are its early stages, when organic cerebral changes have not taken place. Of five persons attacked with the disease, it appears from the carefully prepared statistics of Dr. Thurnam that not more than one of them is likely to be permanently restored to health and reason, so that insanity is one of the most incurable of curable diseases.

Viewing insanity as a physical disease, and an asylum as a place for the treatment of mental malady, Dr. Conolly entered upon his duties at Hanwell. He not only abolished all forms of mechanical restraint from the discipline of the asylum, but he strove to eliminate all disturbing influences from the social life of the insane, so that the curable might be restored to health, happiness and reason, and that the incurable insane, no longer suffering more from their treatment than from their malady, might enjoy as great a degree of comfort and happiness as their afflicted condition would permit. When a patient came to Hanwell, under the reign of peace and kindness, which Conolly introduced there, he was at once released from his bonds. His own safety, and that of those about him, was looked after, but he was not needlessly interfered with, and his desire for muscular activity was not unnecessarily obstructed. Excited action often relieves excited feeling, and it was found that morbid excitement would often be discharged with safety, if the patient was allowed unobstructed freedom of movement. The madman, like the angry man, is made more violent by opposition or needless interference. If the patient was uncontrollably violent, he was temporarily secluded from the sights and sounds which were sources of irritation to him. This seclusion was, if possible, effected by persuasion and without resort to force, for force begets resistance and an increase of excitement. If force was necessary, four or five attendants removed the patient quietly, and without a contest, to a place where he was protected against injury to himself or

others. In the interval succeeding the paroxysm of excitement, the peculiarities of the individual patient, the mode of onset of his disease, and his condition of bodily health, were inquired into, and the foundations of mental and moral influence over the patient were, if possible, established. The patient was made to feel that he was in the care and guardianship of friends who would protect him and treat him with kindness. All his surroundings were quiet, orderly and tranquillizing. His clothing and bedding were clean; his food was good and carefully served, and all the arrangements of the institution were made and administered to promote the well being of the patients. Provision was made for their occupation, employment, amusement and instruction. Everything which thoughtful care, benevolent kindness and intelligent skill on the part of the Superintendent could supply, was furnished to the patients at Hanwell. Peace, quiet, order, content and hope sprang up in breasts where before wrath, turbulence, disorder and hopeless discontent had reigned. The object of treatment was to develop what there was of mental soundness in the patient and by the expulsive power of a new interest, to divert the maniacal from the sources of his excitement and the melancholic from his subjective grief. Habits of self restraint and of self help were encouraged in the patient. Physical force compulsion was ignored, and reliance was had upon moral forces alone. The patients were treated with kindness, forbearance, watchfulness, attention, gentleness and truthfulness. By this treatment, confidence, content, trust, affection and hope were developed in their mental experience, and mental health was restored to many who, under the old system of neglect and mechanical coercion, would have become incurable and hopeless lunatics. The insane man was to be cured, if possible; but, at any rate, he was entitled, by reason of his affliction, which takes away the joy and crown of his life, to a double share of that never failing charity "which suffereth long and is kind, is not easily provoked, beareth all things, endureth all things."

The attendant is the weak point in the non-restraint system. The natural impulse of the average attendant is to treat the patients entrusted to his care "like dumb, driven cattle;" but well chosen attendants, being treated by their superior officers with kindness, consideration and humanity, will thus be prepared to extend the same law of humane kindness to their afflicted and often perverse charges. The Superintendent always gives tone to his whole institution, and the insane unconsciously assimilate the character of their surroundings and associations very much as children do. The attendant never will be more careful and considerate of the interests and welfare of the patients than his superior officers are. A selfish and neglectful Superintendent, one who is engrossed with other cares than the restoration to health and the humane treatment of the patients entrusted to his care, will have in his institution attendants no less selfish and neglectful than himself. With such a Superintendent attendants are unreliable, and mechanical restraints become a necessity. Habitual severity or systematic neglect in the management of an institution will lead surely to manifestations of excitement, turbulence, disorder, resentment and revenge on the part of the suffering patients. Deceit, treachery, hate and scenes of violence are the necessary accompaniments of such management.

In his last annual report at Hanwell, Dr. Conolly says: "I will only further simply state that now for ten entire years no hand or foot has been fastened in this large asylum, by day or by night, for the control of the violent or the despairing; that no instrument of mechanical restraint has been employed or even admitted into the wards for any reason whatever; that no patient has been placed in a coercion chair by day or fastened to a bedstead at night; and that every patient, however excited or apparently unmanageable, arriving at the asylum in restraints, has been immediately set free, and remained so from that time. I wish to overstate nothing, but I am justified in adding that the results, more and more seen in every successive year, have been increased

tranquillity, diminished danger, and so salutary an influence over the recent and newly admitted and most violent cases, as to make the spectacle of the more terrible forms of mania and melancholia a rare exception to the general order and cheerfulness of the establishment." Dr. Conolly, by his courageous and successful experiment of non-restraint, contributed very much to ameliorate the condition of the insane in the asylums of Great Britain. The reform has not met with universal adoption there, but even in those institutions, which have rejected it, restraints have been very much lessened in their frequency and rigor. From the administration of some of the English asylums, seclusion as well as mechanical restraint is excluded. Dr. Batty Tuke has further extended the non-restraint principle within a few years, and has introduced into the Fife and Kinross asylum the policy of unlocked doors. He finds that more trust and reliance upon the *sense of honor* of the insane is followed by improved conduct, and that when bars and bolts are removed the desire to escape often disappears.

The question of employment for the insane is closely connected with the non-use of mechanical restraints in their management. Dr. Wilbur, in his report to the State Board of Charities of New York, has done a public service by calling attention to the extent to which employment is used in the asylums of Great Britain. In people, who are sane, idleness is a source of disease and of much bad conduct, and mental derangement is often intensified and bad conduct in the insane invited by the listlessness and hopeless apathy of the halls of our overgrown asylums. The disordered mind, having no interests outside of itself, turns inward, and an intense self consciousness is developed, which results in excitement and disorderly conduct. Samuel Tuke says, "that to Sir William Ellis we are indebted for the first extensive and successful experiment to introduce labor systematically into public asylums." "He first proved that there was less danger of injury from putting the spade and the hoe into the hands of a large proportion of insane per-

sons, than from shutting them up together in idleness, though under the guards of straps, strait waistcoasts or chains." Dr. Andrew Combe, in his work on Mental Derangement, quotes from the tenth report of the Directors of the Dundee asylum, June, 1830, the statement that the Superintendent of their asylum, in visiting a number of institutions for the insane, "found employment more or less resorted to as one of the most powerful efficients towards cure; but in one establishment in particular the beneficial effects arising from it have been such as to render restraint and confinement seldom, if ever, necessary, and the patients enjoy a freedom scarcely inferior to that which a person enjoys who is under no control."

Under the system of restraint, as I have seen it in one of the best of our American asylums, a maniacal patient is placed under some form of restraint. If he resists and is violent, restraints are made more effective. He is probably tied down in his bed and left locked in his room for hours, unattended. Of course, he becomes "wet and dirty," and even if he is restrained only with the strait waistcoat, the muff, or the belt and wristlet, uncleanly habits are thereby encouraged. Under any form or mode of restraint the regular and sufficient supply of food to the patient is neglected, and his physical condition is thereby deteriorated. The cerebral excitement not being lessened, but rather aggravated, by his treatment, he shouts and howls through restless days and wakeful nights, until cerebral irritation produces change of cerebral structure, and he becomes a dement, subjugated by the restraint system, but his intellect destroyed. If he gets well, and he sometimes will, he has a lasting resentment against those who have subjected him to such indignities. I have seen an epileptic patient tied down to his bed and left to have his convulsions in the solitude and loneliness of his own room, until death came to release him from the suffering and sorrow for which his brother man appeared to have no pity. I have seen an attendant, unrebuked, threaten a complaining patient in the presence of a

medical officer, and I have known asylum Managers and others in authority to listen to the narration of such by no means exceptional scenes in asylum life, with incredulous pity or helpless indifference. I have seen restraints used to prevent suicide and the destruction of clothing, but the use of restraints in these cases is a weak surrender to the disorderly impulses of the lunatic. Mechanical ingenuity can devise clothing which cannot be torn or taken off, and watchful care will prevent suicide. The use of restraints does not, surely, tend to make life more attractive to the victim of suicidal melancholy, for he is likely to mingle the realities of his treatment with the delusions of his disease. Restraint by the camisole, the muff, the belt and wristlet cannot and does not prevent sudden and even fatal assaults or the injuries and casualties of an asylum hall. To be effectual against such contingencies the restraints must be the chain and the dungeon of the olden days. Dr. Griesinger says that in an English institution, managed on the non-restraint system, containing about a thousand patients, he once saw a bloody nose and heard the crash of broken glass, but that he had noticed the same things in Asylums where the restraint chair and the strait jacket were in constant use, and that he had seen, with happy astonishment, in an English asylum, patients on the point of an outbreak speedily rendered calm by psychical diversion and skilful management, who, in most of the Continental asylums, would have had restraint applied.

From what I saw of asylum life, now nearly ten years ago, and from much thought and painstaking inquiry on the subject since that time, I am persuaded that Dr. Conolly's observation that he had "never known *all* the patients properly attended to so long as even a few of them were habitually subjected to mechanical coercion," is strictly in accordance with the facts of asylum administration; and just as true is it now as when Dr. Conolly wrote that "restraints and neglect may be considered as synonymous; for restraints are merely a general substitute for the thousand

attentions required by troublesome patients." Restraints are used to save trouble or to punish and terrify refractory lunatics; and statements by asylum officials that they are used from motives of humanity and from a regard for the best interests of the patients, are as little to be believed as the pretences of the respectable pedagogue, who whips his boys because he loves them so much. Reliance upon restraints lowers the whole character of an institution. The attendant will not treat with respectful consideration the patient, whom he has seen or helped to place under restraint, and the patient will surely have a sense of resentment against those, who have directed or imposed such restraint. All the control of the patient, which might come from appeals to his better nature, is lost by appeals to physical force. Even the most disorderly and troublesome patients will become humanized under the rule of sympathetic kindness and inexhaustible patience. It is said that mechanical restraints act without passion, but they act, at the same time, without mercy and without pity, and usually they cannot be applied without a contest, which invokes passion and violence. The question is not, as it is sometimes stated, between mechanical restraint and personal restraint at the hands of attendants, but between the comparative efficacy of mechanical and moral forces in dealing with the insane. Exceptional cases require exceptional management. The higher law of self preservation and of the protection of life may demand the use of physical coercion, but experience has shown that by watchfulness, forbearance and a kind and constant supervision, the morbid activity of insane patients can usually best be restrained without bonds. The consignment of an individual to a lunatic asylum by virtue of a readily procured physician's certificate of insanity, ought not to deprive him of all his personal rights and of the protection which the law offers to every citizen outside asylums, and ought not to subject him to a reign of terror and tyranny at the hands of irresponsible and unreliable attend-

ants, who by neglect, threats and cruelty, invite the bad conduct, for which they administer punishment.

In this country mechanical restraints are used, to a greater or less extent, in all our asylums. As a result, secrecy, concealment, and a jealous exclusion of the public, characterize their management. The asylum specialty has become a close, narrow and purely artificial one, and those medical men who are grafted into it, with some notable exceptions, become alienated from all interest in the progress of practical medicine, and lapse into mere administrators of receptacles for the secure detention of madmen. Some of our asylums, leaving out the question of restraint, are managed as well as human institutions can be expected to be. In some of them the patients receive all the care which humanity, unenlightened by medical skill, can supply. In others, the patients appear to exist for the glorification of the management of the institution, and their welfare is regarded only so far as it may promote the exaltation of the institution. The medical officers of one of our asylums, by thorough work in the investigation of the morbid anatomy of insanity, and by careful and extensive observation of the therapeutic action of various drugs in the disease, have done a great deal to lift the American asylum specialty above the dead level of professional mediocrity which characterizes it. Some of our State asylums are built chiefly to satisfy the demands of local pride, and of a benevolence, which costs nothing to those, who most largely indulge in it. Log-rolling combinations, contracts to furnish necessary votes with needed supplies and all the appliances of the lobby, are made the means of securing needlessly extravagant appropriations from our State Legislatures for the construction of these institutions.

The management of most of our asylums is routine in its character, and the individual patient is made to keep step with the routine of the establishment, or he is hurt by its inexorable and pitiless movement. Dr. B. L. Ray, of Philadelphia, a gentleman who has a long and inti-

mate acquaintance with American asylums, and who is always a defender and an advocate of our asylum system, in a review in the American Journal of the Medical Sciences for April, 1872, of the first report of the Board of State Charities of Illinois, thus puts it:—"Where one man must look after from four hundred to seven hundred patients, he can hardly give to individuals the personal attention their cases may require. The management of so large a household necessitates the enforcing of a sort of rigid, cast-iron, routine discipline which cannot yield to the needs of exceptional cases. The particular wants of the one curable patient are apt to be lost sight of in attending to the general comfort of his twenty incurable comrades."

Our asylum Superintendents consider it one of the peculiar "felicities of their situation" that the American asylum, or insane hospital, is exempt from the intrusive visits of "any supernumerary functionaries endowed with the privilege of scrutinizing the management of the hospital, even sitting in judgment on the conduct of attendants and the complaints of patients." The complaints of the patients, without investigation, must be treated as the vagaries of brains disordered, and the attendants must be protected in their abuse of the patients. This is practically the expressed conclusion of "The Association of Medical Superintendents of American Institutions for the Insane," an organized mutual admiration and mutual protection society, which claims for itself boundless knowledge and infallible wisdom in regard to all questions of insanity and asylum management, and whose members manifest furious excitement upon any suggestion for asylum reform from any one outside their own narrow limits. The Association settles every question connected with insanity by means of resolves. It has declared in favor of small asylums, and yet its leading members may be induced to commend and endorse plans for monstrous institutions, two or three or more times as large as the Association has determined and declared to be the proper limit of capacity for asylums for the insane. It thinks that systematic espi-

onage of the letters of patients is a most valuable means of obtaining information in regard to the mental movements of the patients. According to the theory of the Association the patient once committed to an asylum becomes the property of the Superintendent, and it is his office, as the custodian of the patient, to determine, at his infrequent and often perfunctory visits to the wards, "the drugs the patient is to take, the privileges he is to enjoy, the letters he is to write or to receive, and the company he may see."

The abolition of mechanical restraints is closely connected with all other reforms in asylums. With the disappearance of these physical means of coercion and protection, the management of our asylums will be open, the access, under proper restrictions, of the friends of patients and of persons of intelligence and humanity to their halls will be encouraged, and the policy of silence, secrecy and concealment will be eliminated from their administration. The government will acknowledge its duty to its wards by providing efficient supervision of the institutions in which they are placed, and "official accountability" will accompany this "administrative reform." Asylums will become hospitals for clinical instruction in mental malady, or centres of knowledge and information for the districts in which they are located, in regard to all questions of insanity. Insanity, no longer regarded as a mysterious visitation and a social disgrace, but as a form of physical disease, will become a subject for physiological and pathological investigation, and for the operation of the laws of preventive medicine. As it is now, the beginnings of insanity not being recognized by the general practitioner, who has been taught nothing of mental malady, the disease is not arrested. When excitement and symptoms of violent mental disorder set in, the patient is sent to an asylum where, subjected to a "rigid, cast-iron, routine discipline," his malady is aggravated, and he becomes a hopeless lunatic. If asylums are to be hospitals for the cure and rational treatment of mental disease, they must be small enough to secure individualized treatment for the

patients, and the medical Superintendent must be chosen for his medical skill and knowledge, and not because he is a successful and adroit manager and manipulator of men and measures, and skilled in all the arts of the modern "statesman."

There are two ways of securing asylum reform. One is by the gradual pressure of an educated and awakened public opinion acting on these institutions from the outside. Reform from within has not been the usual order of history in asylums for the insane. In this country, whenever an investigation into the hidden recesses and dark mysteries of asylum life has been attempted, the officers and managers of the institution to be investigated, following the precedent established in the English asylums in the beginning of the century, have directed their efforts to prevent, in every way, any thorough knowledge of the truth in regard to the management of their institution. Their administration must be justified. Enough has been shown of the brutal cruelties and unpunished acts of violence committed upon, and the reckless and systematic neglect of patients in the halls of asylums, to create a profound and widespread dissatisfaction with our American asylum system, and to deter almost any one from an attempt to draw back the veil which conceals the realities of asylum life, and which hides many great and cruel wrongs committed under the guise of philanthropy.

The other mode of promoting asylum reform is by putting new men in charge of them—men who have not acquired the *vicious experience* which is gained by habits of obedience to the routine of these establishments—men of courage, truthfulness, skill and kindness—men who are real, through and through, and who, therefore, cannot follow a policy of silence and concealment. Pinel, with a mind thoroughly furnished for all good works, introduced the rule of "pity, goodness and justice" into the Bicetre, and Conolly was one of the best known and most accomplished of

English physicians when he entered upon his duties at Hanwell.

For myself, I believe that the abolition of mechanical restraints is a necessary step to all lasting reforms in our asylums, and I believe that the work begun by Pinel and Tuke, and advanced by Conolly, is destined to still further development in this land of freedom and progress.